

U.S. SMALL BUSINESS ADMINISTRATION STATEMENT OF PERSONAL HISTORY AND QUALIFICATION OF MANAGEMENT

OMB Approval No: 3245-0062 Expiration Date: 03/31/01

Nam	ne of Applicant or Licensee		Social Security Number		
Add	ress (Street, City, State and Zip Code)				
1.	First Name in Full	Middle Name in Full (If none, so state)	Last Name		
2.	Date of Birth (Month, Day & Year)	3. Place of Birth (City, State or Foreign Country)	4. Citizen of United States? Yes No		
5.	Starting with present address, list residence From (Date) To (Date)	•			
6.	Employment and Professional History and Education: Attach a summary of business or professional experience during the last ten years up to and including the present, stating the periods of each primary activity, the names, addresses and nature of business of the firm, concerns or entities with which associated; title, position in such concerns; basic functions and responsibilities; and a summary of your education showing highest level attained (such as high school graduate, some college, one year college, three years college, bachelor's degree, master's degree, etcgiving, when applicable, name of higher educational institution, your specialization, and date of degree), together with a summary of any special experience or qualification pertinent to the Applicant's management responsibilities.				
7.	or by way of direct or indirect ownership or co	ess concerns with which you are presently affiliated ontrol of 10% or more of any class of stock of, or proconcerns, and details of relationship and ownership;			
8.	•	n former employers, relatives or fellow Applicants.) or Business Address	Business or Occupation		
9.	corporation of which you have been an office	e subject of an insolvency, bankruptcy, or creditor's rier, director, or controlling shareholder, been the subjectedings in a separate exhibit, including if pertinent, thate disposition thereof.)	ect of such proceedings?		
10.		ed of any criminal offense other than a misdemeanor yes, furnish details as described in Item 9.)	involving minor motor vehicle		
11.	(as defined in Item 7) ever been charged with found civilly liable or permanently or tempora	p or other business entity with which you are present in or convicted of a felony or other criminal offense in rily enjoined by a court by reason of any act or practit t details of any such proceeding in a separate exhibit date and docket number.)	volving dishonesty or breach of trust or ce involving fraud or breach of trust?		
12.	Have you ever been refused a bond?	Yes No (If yes, explain.)			
13.	Are you affiliated with any other Licensee or are you a close relative of any person affiliated with the Applicant or Licensee as described in Section 107.3 of the Regulations? Yes No (If yes, explain.)				
14.	During any part of the past five years has a request for financial assistance been made to any Federal agency by you or any corporation, partnership or other business entity with which you are presently or have been heretofore affiliated (as defined in Item 7)? Yes No (If yes, furnish details in a separate exhibit, including current status of any assistance received.)				
15.	Describe any affiliation, past or present, with	any other Small Business Investment Company. (Se	ee Section 107.702 of the Regulations.)		

16.	Does any SBA employee or member of a affiliation with any concern of which you	any Advisory Council for the Small Business Administration of the such Advisory Council have present or have they had any large a director, officer, or owner of 10% or more of any class of the such as a large of the such as a lar	y past, direct or indirect, financial interest in of its stock or other proprietary interest?	
17.	Capital? Yes	Private Capital of the Licensee, were borrowed funds, used to (If yes, attach a statement giving full details, including you to be borrowed, security and/or guarantors and terms of	ur net worth, amount borrowed or	ate
18.	investment company?	are affiliated directly, or indirectly borrowed funds from or so Yes No (If yes, attach a statement giving all pertine e amounts involved, terms, use of proceeds, etc.)	•	
not in		nection with an investigation of your experience and charact if there is reason to believe that the effect of such assistance United States.		
office	s, and any other areas which will assist S	nclude contact with banks, other financial institutions, individ BA in making an adequate appraisal of your general busines otifications required by section 606 of the Federal Fair Cred	s reputation, character, management experi	
releas conce Inforr	se the information to the requesters or unlarned with the collection of information, its	for information about another party may be denied unless sess the information is subject to disclosure under the Freedo voluntariness, disclosure or routine use under the Privacy A om of Information/Privacy Acts Division, Small Business Ac procedures of these two subjects.	m of Information Act. Note: Any person ct or requesting information under the Freed	dom of
unles 3rd S	s it displays a currently valid OMB approv	npleting this form is 1.5 hours per response. You will not be all number. Comments on the burden should be sent to U.S. sk Office for Small Business Administration, office of Mana OMB Approval (3245-0016).	Small Business Administration, Chief, AIB,	409
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			FOR SBA USE ONLY	
			No.	
	nd complete to the best of my knowledge	ion submitted in this SBA Form 415A, and in the Exhibits su and belief. I have read SBA Form 415 "License Application," he Amendments thereto, and hereby agree that in my propos	' filed	n, is
		affiliation); I will be bound by the representations made in s	. ,	
	Signature	Title	Date	